

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☐ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number

ADMISSION NO:

MBY 3568

CONTRACT NO:

MA000145

Adoptee INFO:

Name & Surname Alinda Ferreira

Contact INFO: 0844386092

Completed by: [Signature]

Date: 23/08/2024

Manager: [Signature]

Date: 23/08/2024

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.
All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No. <u>ISO 10</u>				ADMISSION No. <u>MBY3568</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>01/08/24</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes No	Lost & Found Date checked	<u>01/08/24</u>
Microchip/Collar or ID tag found	Yes No	Date scanned or checked	<u>01/08/24</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify) <u>B/I</u>			
	Breed	<u>X Breed</u>	Colour and Markings <u>Black / Brown</u>			
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age	<u>6 weeks</u>
	Temperament	<u>Fair</u>	Sterilisation details	<u>No</u>	Name	
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>hang</u>	Size <u>S</u>	
	Area found / collected from <u>J.C.C.</u>					Date <u>01/08/24</u>
	Reason for surrender <u>Can't keep the dogs.</u>					

ASSESSMENT		Surrendered by		Name <u>Marissa Brits</u>	
GOOD WITH: Yes No		Found by			
Children		Residential Address		<u>J.C.C. Camp</u>	
Cats		Postal Address		<u>No postal</u>	
Other Dogs		Tel (H) <u>No num</u>		Tel (W) <u>No num</u>	Cell <u>084 910 8156</u>
Livestock/Other		Email		<u>No email</u>	
DO THEY: Yes No		Donation R <u>None</u>		Cash	Card
Jump Fences				EFT	(Receipt No.) <u>None</u>
Run Away					
COMMENTS:		PLEASE INSIST ON A RECEIPT			

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that I **DO / DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and I **DO / DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. Also see "Conditions on reversed side."

Hiermee verklaar ek dat ek hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukk ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature <u>Refer to MBY 3565</u>	Witness for Society <u>W. Joseph</u>
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FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteryliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising
signature

Witness for Society
signature

Reason for Euthanasia

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar
and ID tag given

Yes
No

Microchip /
ID tag data



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MEDICAL RECORD

Date	Remarks	Treatment	Cost
5/8/24	Anteozole		
	Nxt - 19/8/24		
16/8/24	Anteozole		
	Nxt - 13/9/2024		

PTS APPROVAL

NAME

SIGN

5738

Handwritten symbols: $\downarrow$ and $\uparrow$



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**APPLICATION TO ADOPT AN ANIMAL**

PLEASE NOTE: We retain the right to decline this application

*The following documents to be attached: - ID, proof of residence, proof that pets are allowed.*NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Alinda FerreiraHOME ADDRESS: 33 Koraal Crescent, TergnietID NO.: 8809040087088POSTAL ADDRESS: -

TEL NO (H): _____ (B): _____

CELL NO: 0844386092 FAX NO: _____E-MAIL: alindaferreira7@gmail.comAddress where animal will be kept: 33 Koraal Crescent.Reason for wanting an animal: To save a life, children wants a dogOccupation: Housewife.Do you own or rent your property: Own Do you have consent from owner / Body Corporate? yes

Are you a student with consent to keep pets? _____ YES/NO

Reason for wanting an animal: Animal lover

Is the animal for yourself? _____ YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary _____ YES/NO

What breed of dog or cat are you interested in? Medium size dogCan you afford private veterinary fees? yes Who is your vet? _____How many animals live on your property DOGS 0 CATS 0 OTHER 0

What are the sexes of your animals? DOGS: Male _____ Female _____ CATS: Male _____ Female _____

Are all your animals sterilised? Give details _____

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS _____ OTHER _____

Which animals do you still have, and what happened to the others? _____

Is your property fenced and has a proper gate? yes Will you chain/cage an animal? NOFull description of the fencing and gate: Closed gates Height: 1,7 mWhat shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INSIDEHave you previously had pets from an SPCA? No Are there children under the 10 years in your household? 2Pre Home Inspection Fee: R100.00 Receipt No.: MBY.**Declaration:** The above information is true and correct

I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT Alinda Ferreira Date of application 19/08/2024



ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 22-8-24 TIME: 12:41NAME OF APPLICANT: A Linda FerreiraADDRESS: 33 Koraal Crescent, TergnietHOME TEL No: _____ CELL No: 0844386092ANIMAL(S) ADOPTING: X Breed - Medium size.SEX: Female AGE: 7 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: <u>2m wall</u>	Suitability of fence (i.e. small pets can't escape): <u>suited</u>		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	If yes, what partitioning?	<u>gate</u>
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	<u>1</u>

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	<u>/ 22</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS☐ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGSINSPECTED BY: Luciano BraggSPCA: mosselbaySIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Street

gate

House

Bentjo/House

gate

Backyard

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

1/24 On lezoie

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

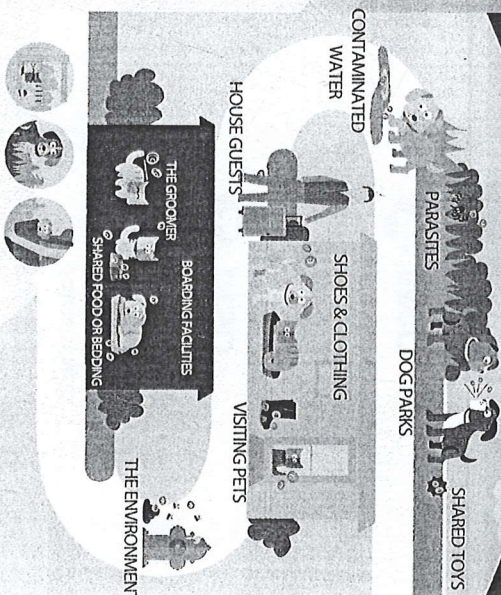
PRACTICE STAMP



Intervet South Africa (Pty) Ltd, Reg. No. 1991/0065590/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777

VACCINE RECORD CARD

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday - 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed



Quantel Plus Exitel Plus XL

ON-LEADING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and
worming every 2 weeks for under 12 weeks of age and every 3
months when I'm older are very important for keeping me healthy!

MY OWNER

NAME **Alinda Ferreira**

POSTAL ADDRESS

STREET ADDRESS **33 Koraal Crescent**

Tergriet

HOME PHONE

WORK PHONE

TELEPHONE **0844 386 092**

BREEDER DETAILS

ME

SPECIES

Canine

BREED

X-Breed

COLOUR

Black / brown

SEX

Female

DATE OF BIRTH

June 2024

MICROCHIP/ITA



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FEATURES/MARKS

NEXT VACCINATION DUE

DATE

3/9/2024

DATE

DATE

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

Nobivac Puppy DP
Batch: A207B02
Exp: 03-2025

MSD
Animal Health

SPCA

Nobivac Canine-1 DAPPV
Batch: 027218775
Exp: 22-001-2025

MSD
Animal Health

SPCA

MSD
Animal Health

MSD
Animal Health

MSD
Animal Health

MSD
Animal Health

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Animal Health

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Animal Health

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Animal Health

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Animal Health

MSD
Animal Health

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

MSD
Animal Health

MSD
Animal Health

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Animal Health

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Animal Health

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Animal Health

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Animal Health

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Animal Health

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Animal Health

MSD
Animal Health

MSD
Animal Health

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.

My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.

Now it's up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPI (Reg. No. G2377 Act 36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act 36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantar®** Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MSD
Animal Health

Exitel Plus

Exitel Plus XL

Exitel Plus

Exitel Plus

Exitel Plus

Exitel Plus

Exitel Plus

Exitel Plus

Conditions:

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 80

Date of Issue:

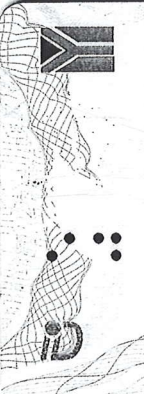
07 DEC 2017

25761



105530773





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
FERREIRA
Names:
ALINDA
Sex:
F
Nationality:
RSA
Identity Number:
8809040087088
Date of Birth:
04 SEP 1988
Country of Birth:
RSA
Status:
CITIZEN



Signature:
Alinda

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000486640

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0844 386092

E-mail * alindaferreira7@gmail.com

Title * MRS Initials * A

Street 33 KORAAAL CRESCENT

Suburb

Country

Phone - Day time

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

If possible, please provide a personal email, not a company email.

Surname * FERREIRA

City

Area Code TERNIET

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Surname *

Surname *

Surname *

CHIP DETAILS

Registration Date * 26 - 08 - 2024

Date of Implant * 23 - 08 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip NDYEBONG NGQELE

PET DETAILS

Pet Name

Species * CANINE

Colour BLACK + BROWN

Gender Male ☒ Female

Date of birth 2024

Breed * X BREED

Markings

Sterilised Yes ☒ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

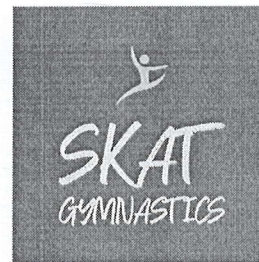
PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or its office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE *[Signature]*

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

1. On-line Log onto www.backhome.co.za. Complete the registration process.
2. By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail Scan and E-mail the completed form to info@backhome.co.za

Tax Invoice



Suid Kaap Akademie vir Trampolien

VAT No:

32 Airway Road
Heatherpark
George

6529

32 Airway Road
Heatherpark
George

6529

Number:

INV0011432

Date:

25/07/2024

Page:

1/1

Reference:

Sales Rep:

Due Date

30/07/2024

Overall Discount%:

0,00%

Ferreira Alinda (Liela & Lizke)

Customer VAT No:

33 Koral Crescent
Tergniet
Groot-Brak

6525

33 Koral Crescent
Tergniet
Groot-Brak

6525

Description	Quantity	Unit Price	Disc %	VAT %	Exclusive Total	Inclusive Total
MONTHL-001 - Monthly Club Fees (Lizke)	1.00	R700.00	0,00%	0,00%	R700.00	R700.00
MONTHL-001 - Monthly Club Fees (Liela)	1.00	R700.00	0,00%	0,00%	R700.00	R700.00

Account name: Suid Kaap Akademie vir Trampolien
Bank: FNB
Acc No: 622 6094 9171
Branch: 210-114
Ref: Gymnast Name & Surname

Total Discount: R0.00
Total Exclusive: R1,400.00
Total VAT: R0.00
Sub Total: R1,400.00

Total: R1,400.00

ADMISSION No. TOELATINGSNR.

MBV3568.



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag		

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This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- I will not chain or cage the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
- I will ensure that the animal is sterilised as stipulated by the Society.
- I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only elasticated or quick release collars may be used for cats.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- I will notify the Society of any change of address in writing by registered post with seven (7) days.

* I agree to never harm, neglect, abuse or abandon the animal that I adopt.

* I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 33 Koraal Crescent, Teigniet

TEL No (H):
TELEFOON Nr (H):

CELL No:
SELFOON Nr: 0844386092

E-MAIL:
E-POS: alindaferreira7@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

VEHICLE REG No.
VOERTUIG REG Nr: CBS 84071

SIGNATURE
HANDTEKENING: Ferreira

DATE / DATUM: 23 Augustus 2004



Garden Route

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nommer:		

UITPLASINGSKONTRAK

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n diër gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie diër in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieledes stem saam oor die aanname en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die diër kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die diër te hou nie sal ek nie besit van die diër afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die diër by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en kliënt skaal, in die terugbesorging van die diër.
- Ek sal die diër 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die diër te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die diër se nodige inenings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die diër siek word (beserings uitgesluit), binne sewe (7) dae van aanname, ek die diër na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die diër sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die diër wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër as 'n wag hond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die diër wat ek aanneem te mishandel of verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloos van enige diër nie.

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

Alinda Ferreira

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8809040087088

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr: 4536

VEHICLE MAKE: TOYOTA HILUX
VOERTUIG MAAK: COLOUR: BRONZE

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA00014TDATE: 23/08/2024

between

MOSELBAY

SPCA

and

Name

Alinda Ferreira

Address

33 Koraal CrescentTengal

Telephone Numbers (H)

(B)

0844386092

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name

Sex

Age

2 months

Description

X BreedBlack + white

On (due date)

14 November

Adoption Form No.

MA00014Ton the understanding that you will arrange to have this done at the
Veterinary Hospital:MOSELBAY
SPCA

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to **confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner:

Ferreira

For SPCA:

[Signature]

CONFIRMATION OF STERILISATION:

Vet:

Signed:

Date:



RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00014 T

DATE: 23/08/2024

between MOSSSELBAY SPCA

and

Name ALINDA FERREIRA

Address 33 KORAALE CRESCENT, TERGNIET

Telephone Numbers (H) (B) 0844386092

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 2 months

Description X BREED BLACK + BROWN

On (due date) 13/09/2024 Adoption Form No. MA00014 T

on the understanding that you will arrange to have this done at the MOSSSELBAY SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society reserves the right to repossess the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring Section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: Geneira For SPCA: [Signature]

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____